

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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June 30, 2011

Phys
MC
Hosp
Med Clin
Pharm

MEDICAID BULLETIN

TO: Providers Indicated
SUBJECT: I. Preferred Drug List (PDL) Revisions
II. Processing of Claims for Compounded Pharmaceuticals
III. Six Month's Supply for Contraceptives

I. Preferred Drug List (PDL) Revisions

The following revisions to the preferred drug list (PDL) are effective with dates of service on or after July 25, 2011.

Preferred	Non-Preferred
<u>DPP-4 Inhibitors and Combinations</u>	
JANUMET	
JANUVIA	
KOMBIGLYZE XR <i>Changed to Preferred</i>	
ONGLYZA <i>Changed to Preferred</i>	
<u>Proton Pump Inhibitors*</u>	
NEXIUM	ACIPHEX
OMEPRazole	DEXILANT
PANTOPRAZOLE <i>Changed to Preferred</i>	LANSOPRAZOLE**
	NEXIUM SUSPENSION
	OMEPRazole / SODIUM BICARB
	PREVACID
	PRILOSEC
	PROTONIX
	ZEGERID
* Preferred PPIs will no longer require step therapy/prior authorization.	
** Disintegrating Lansoprazole will continue to be available without PA for patients age 12 and under.	

Note: To sign up for Electronic Funds Transfer of your Medicaid payment, go to
<http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp> and select "Electronic Funds Transfer (EFT)" for instructions.

Fraud & Abuse Hotline 1-888-364-3224

<u>Non-Ergot Dopamine Agonists</u>			
PRAMIPEXOLE	<i>Changed to Preferred</i>	MIRAPEX/ MIRAPEX ER	
ROPINIROLE		REQUIP/ REQUIP XL	
<u>Antispasmodics (Bladder Relaxants)</u>			
DETROL LA		DETROL	
OXYBUTYNIN		DITROPAN XL	
OXYTROL		ENABLEX	<i>Changed to Non-Preferred</i>
TOVIAZ	<i>Changed to Preferred</i>	GELNIQUE	
VESICARE		TROSPIMUM	<i>Changed to Non-Preferred</i>
		SANCTURA XR	
<u>Selective Serotonin Reuptake Inhibitors*</u>			
CITALOPRAM	<i>Added as Preferred</i>	FLUOXETINE WEEKLY	<i>Added as Non-Preferred</i>
FLUOXETINE	<i>Added as Preferred</i>	LEXAPRO	<i>Added as Non-Preferred</i>
FLUVOXAMINE	<i>Added as Preferred</i>	LUVOX CR	<i>Added as Non-Preferred</i>
PAROXETINE	<i>Added as Preferred</i>	PAROXETINE CR	<i>Added as Non-Preferred</i>
SERTRALINE	<i>Added as Preferred</i>	PAXIL SUSPENSION	<i>Added as Non-Preferred</i>
		PEXEVA	<i>Added as Non-Preferred</i>
*Patients currently receiving a non-preferred agent will be able to continue without a PA.			
<u>Atypical Antipsychotics*</u>			
CLOZAPINE		ABILIFY	<i>Changed to Non-Preferred</i>
FANAPT		INVEGA	<i>Changed to Non-Preferred</i>
FAZACLO		LATUDA	<i>Changed to Non-Preferred</i>
GEODON		SYMBYAX	<i>Changed to Non-Preferred</i>
RISPERIDONE		ZYPREXA	<i>Changed to Non-Preferred</i>
SAPHRIS			
SEROQUEL			
SEROQUEL XR			
*Patients currently receiving a non-preferred agent will be able to continue without a PA.			

Prescribers are encouraged to write prescriptions for preferred products. However, if it is determined that the patient's condition requires therapy with a non-preferred drug, the prescriber (or his/her designated office personnel) is responsible for initiating the PA request. A prospective, approved PA request will prevent rejection of prescription claims at the pharmacy due to the PA requirement.

PA requests may be submitted online or via telephone or fax to the Magellan Medicaid Administration Clinical Call Center. To access the WebPA tool for online PA submission, visit <http://southcarolina.fhsc.com>, click on "Prescribers", then "WebPA". New users will need to click on "UAC" in the right hand corner to request a user id and password. The toll-free telephone and fax

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numbers for the Clinical Call Center are **866-247-1181** and **888-603-7696**, respectively. The Magellan Clinical Call Center telephone number is reserved for use by healthcare professionals and should not be provided to beneficiaries. Magellan's **Beneficiary Call Center** telephone number for Pharmacy Services is **800-834-2680**.

II. Processing of Claims for Compounded Pharmaceuticals

Effective for claims billed on or after July 25, 2011, pharmacy providers submitting claims for compounding pharmacy products may bill for compounding services using the online claims adjudication system.

The compounding fee of \$50 per hour is paid based on the level of effort of the product compounded. The maximum number of minutes to be billed is indicated in the chart below. For dosage forms not included in the chart, pharmacy providers should document actual time spent preparing the compounded product, and bill accordingly. Details regarding the procedure for billing compounding time will be made available at <http://southcarolina.fhsc.com>.

No more than 60 minutes of compounding time will be allowed for any single preparation. Claims for compounds totaling more than \$170 in total reimbursement will require prior authorization.

<u>Minutes</u>	<u>Type of Product/Dosage Form</u>
15	Oral Solutions or Suspensions Involving the Combination of Commercially Available Oral Products
	Topical Preparations Compounded by Combining Commercially Available Topical Products
	Enemas
30	Suppositories
	Compounded Capsules
	Topical Preparations Containing Components that are Not Commercially Available in a Topical Formulation
45	Oral Liquids Containing Components that are Not Commercially Available in Oral Formulation
	Ophthalmic Preparations
	Chemotherapeutic Topical Agents
60	Sterile Injectable Preparations

III. Six Month's Supply for Contraceptives

Effective with dates of service on or after July 25, 2011, with prescriber's indication, prescriptions for systemic contraceptives may be filled for a six (6) month's (180-day) supply, rather than the traditional 31-day supply.

Any questions regarding this bulletin should be directed to the Division of Pharmacy Services at (803) 898-2876.

/S/
Anthony E. Keck
Director

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